

Washington State Board of Pharmacy 1300 Quince Street SE PO Box 47863 Olympia WA 98504-7863 (360) 236-4826

PRECEPTOR EVALUATION AND AFFIDAVIT OF EXPERIENCE

This form must be submitted to the Board office at the completion of the internship experience. If the internship experience exceeds twelve (12) months, it is recommended that this form be filed annually.

NAME OF BITTON		V545 N 0011001
NAME OF INTERN		YEAR IN SCHOOL 1 1 2 3 4
INTERN OTREET ADDRESS		□1 □2 □3 □4
INTERN STREET ADDRESS		
CITY	STATE	ZIP
	O I A I E	2
NAME OF PRECEPTOR		
NAME OF INTERNSHIP SITE		
STREET ADDRESS		
CITY	STATE	ZIP
Preceptor Evaluation of In	ntern	
Briefly describe the type of professional experience received under your sur		t on the intern's communication
management. Also, pursuant to WAC 246-858-070(3), provide your assessm stage of his or her internship. Attach an additional sheet(s) if needed.	nent of the intern's ab	pility to practice pharmacy at this
SIGNATURE OF PRECEPTOR	[DATE

For The	Two Week Period Of		For The Two Week Period Of			
From (Sunday)	To (Saturday)	Hours	From (Sunday)	To (Saturday)	Hours	
			Total Internship Hours			
	Note: Internship hour	s will not be a	ccepted after the date of no	otarization		
			vit of Experience	ran Eaton.		
			·			
l,			first being duly sworn	on oath, depose and say	that I am a	
pharmacist licensed in the State of and the above named intern practiced pharmacy under my					y under my	
supervision at pharmacy, or under a special internship program. I certify						
that the intern has completed goals set forth in the Washington State Board of Pharmacy Internship Manual, the hours here						
recorded are correct, and to the best of my knowledge, the experience gained by the intern has been predominantly related to						
the practice of pharmacy as required by law.						
		SIGNATURE OF	PRECEPTOR	LICENS	E NO.	
State of		_				
County of		_				
Signed and sworn to before	ore me on	by	NAME OF B			
		NAME OF PERSON MAKING STATEMENT				
SEAL		Notary Signature				
		Title				
		My appointment expires				